Applicant Name	Date	
Phone	Email	
Mailing Address		

Refer to Policy M-7: Underground Service and Road Crossing

Crossing Detail	S								
Type of Crossing		Type of Roadway	Crossing Locat Loca	ion/Legal Lo tions	and	Contractor Details			
Oil & Gas		Undeveloped R/W		From	То		Contractor Name		
Potable Water		Gravel Road					Phone Number		
Raw Water		Oiled Road		Grid Road Name			Email		
Canal					Yes		Date of Construction		
	Paved Road Road Closure		No		Construction Number of Days				
Electrical/Cable		Other		Pipe Diameter			Casing Diameter/If required		
Other					Drill				
	Specify Type of Crossing Op		Open Cut		Open cut only permitted for abnorma conditions				

Application Checklist	Other Information
Completed Application	Applicant to review Policy M-7: Underground Service and Road Crossing and address the items listed within.
Crossing Fee Submitted	
Reviewed Policy M-7	Applications can be emailed to:
Engineered Drawing(s) (optional)	rbrown@warnercounty.ca
Traffic signage plan	

Describe the project in detail. Photos to be included in addition (if available)							

	cation tach								A if									
Inc	clud	e RI	NG I	RD a	and	TWI	P Ro	ı										
		-										-						

The applicant agrees to the conditions outlined in Policy M-7 unless otherwise given specific permissions from the County of Warner No.5

Signature of Applicant:	Date: _	
	_	

Office Use Only									
	Date								
RC-									
	RC-								